MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07418

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Middletown
STREET ADDRESS (If rural give location) 10X

3. NAME OF DECEASED: (Type or Print) (First) Clifford (Middle) F. (Last) Ahalt

4. DATE OF DEATH: (Month) 7 (Day) 12 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 10-13-1873

9. AGE last birthday: 64 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farm owner

10b. KIND OF BUSINESS OR INDUSTRY: farm

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Mathias Ahalt

14. MOTHER'S MAIDEN NAME: Martha Jane Shaffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Charles Ahalt, Burkittsville, Md.

18. MEDICAL CERTIFICATION

| | | Interval Between Onset And Death |
|---|---|---|
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | |
| 420.0 Immediate cause | (a) Coronary occlusion | 15 min. |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | DUE TO (b) Arteriosclerotic heart disease | 1 yr plus |
| | DUE TO (c) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

19a. DATE OF OPERATION: June 29 1953

19b. MAJOR FINDINGS OF OPERATION: Benign prostatic hypertrophy

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 16, 1953, to July 12, 1953, that I last saw the deceased alive on July 11, 1953, and that death occurred at 9:15 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. L. Houghton M.D. 115 W Washington Hagerstown, Md July 13, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-15-1953
NAME OF CEMETERY OR CREMATORY Lutheran Cemetery
LOCATION (City, town, or county) (State) Middletown, Md.

DATE REC'D BY LOCAL REGISTRAR July 15, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR ADDRESS Gladhill Co., Middletown, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 17 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07419

# CERTIFICATE OF DEATH

Reg. Dist. No. 352

**1. PLACE OF DEATH:**
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) 321 Brookline Ave.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Raymond (Last) Angle
4. DATE OF DEATH: (Month) July (Day) 12, (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 18, 1897
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Layout Man
10b. KIND OF BUSINESS OR INDUSTRY: Cold Storage Door Mfg.
11. BIRTHPLACE (State or foreign country): Franklin Co. Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George W. Angle
14. MOTHER'S MAIDEN NAME: Mary Alice Gehr
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: 214-09-5888
17. INFORMANT & ADDRESS: Mrs. Mary Jane Shatzer, Hagerstown, Md.

**18. MEDICAL CERTIFICATION**

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death 4 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Cardiovascular Disease 10 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 July, 1953, to 13 July, 1953, that I last saw the deceased alive on 12 July 1953 and that death occurred at 2:30 PM, from the causes and on the date stated above.
SIGNATURE J. Davidson, M.D. (Degree or title) ADDRESS Hagerstown DATE SIGNED 7/13/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 15, 1953
NAME OF CEMETERY OR CREMATORY Broadfording Cemetery
LOCATION (City, town, or county) Washington Co. (State) Maryland
DATE REC'D BY LOCAL REGISTRAR July 13, 1953
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Harold M. Zimmerman, ADDRESS Greenwood, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 15 1953
BUREAU V. S.

174

Dr. Brewer

7573

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. ~~302~~ 303

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Nursing Home 60

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) Conocheague, R # 2

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) C. (Last) Beach

4. DATE OF DEATH: (Month) July (Day) 30, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH: Feb. 2, 1875

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Farmer

10b. KIND OF BUSINESS OR INDUSTRY: retired

11. BIRTHPLACE (State or foreign country): Harrisonburg, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Beach

14. MOTHER'S MAIDEN NAME: Isabel Ferguson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) --

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Manuel Beach

18. MEDICAL CERTIFICATION Conocheague, R. # 1

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334X

Immediate cause (a) Cerebral Sclerosis — Interval Between Onset And Death 2 yrs.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteria Sclerosis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19, 1953, to July 30, 1953 that I last saw the deceased alive on July 30, 1953 and that death occurred at 7.15 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) David H. Brewer M.D. ADDRESS Clear Spring DATE SIGNED 7/31/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 8-2-1953

NAME OF CEMETERY OR CREMATORY Mabel Memorial Chapel

LOCATION (City, town, or county) (State) Cem. Harrisonburg, Va.

DATE REC'D BY LOCAL REGISTRAR July 2, 1953

REGISTRAR'S SIGNATURE J. W. Murray Local Registrar

24. FUNERAL DIRECTOR Andrew K. Coffman, Hagerstown, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
AUG 18 1953
BUREAU V. S.

074211

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 207

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sawtts Mill — LENGTH OF STAY (in this place) 84 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mountain Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sawtts Mill.
STREET ADDRESS (If rural, give location) Mountain Road

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Henry (Last) Beaner
4. DATE OF DEATH: (Month) (Day) (Year) 7 - 1 1953
5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1-9-1869
9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Fire Fricke
10b. KIND OF BUSINESS OR INDUSTRY: B. & O. R. R. Co
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: John
14. MOTHER'S MAIDEN NAME: Mary Fields
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 705-12-1740
17. INFORMANT AND ADDRESS: James C. Beaner Knoxville R.F.D. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X
Immediate cause (a) Cerebral hemorrhage — 6 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-, 1952, to 7-1-, 1953, that I last saw the deceased alive on 7-1-, 1953, and that death occurred at 6.30 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) MD — ADDRESS Bowie Md — DATE SIGNED 7-2-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 7-4-53 — NAME OF CEMETERY OR CREMATORY Sawtts Mills Country — LOCATION (City, town, or county) Sawtts Mills (State) Md.

DATE REC'D BY LOCAL REG. July 4-1953 — REGISTRAR'S SIGNATURE Mrs. Katherine Dagenhart — 24. FUNERAL DIRECTOR [illegible] — ADDRESS [illegible] Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 8 1953
BUREAU V. S.

07421 3rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Smithsburg - rural X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Smithsburg rural X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Fannie (Middle) Virginia (Last) Bowman

4. DATE OF DEATH: (Month) July (Day) 14 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Apr. 24 1875
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jack Swope
14. MOTHER'S MAIDEN NAME: Louise ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: no
17. INFORMANT & ADDRESS: Mr. Henry M. Bowman Smithsburg, Md RD

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) Heart disease, Myofibrosis Chronic — Interval Between Onset And Death: 2 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1951, to July 6, 1953, that I last saw the deceased alive on July 6, 1953, and that death occurred at 4 p.m., from the causes and on the date stated above.

SIGNATURE James F. Gray. M.D. (Degree or title) ADDRESS Thurmont. Md. DATE SIGNED July 15 - '53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/17/53
NAME OF CEMETERY OR CREMATORY U.B. Pleasant Valley Cem
LOCATION (City, town, or county) Pleasant Valley Md. (State)

DATE REC'D BY LOCAL REGISTRAR July 17, 1953
REGISTRAR'S SIGNATURE ~~Blanche S. Eyler~~ Geo. W. Ferguson mnb.

24. FUNERAL DIRECTOR M. L. Creager & Son ADDRESS Thurmont

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 24 1953
BUREAU V. S.

171

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clear Spring, Md. rural
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: St. Pauls

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clear Spring, Md.
STREET ADDRESS (If rural give location): St. Pauls

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Henry (Last) Brewer

4. DATE OF DEATH: (Month) 7 (Day) 9 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 7-9-1867

9. AGE Last birthday: 86 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired

10b. KIND OF BUSINESS OR INDUSTRY: farmer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Otis C. Brewer

14. MOTHER'S MAIDEN NAME: Sally Renner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Rosalie Bowers, Chambersburg, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) ..... DUE TO: Coronary Thrombosis — Interval Between Onset And Death: Sudden

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) .. DUE TO: Arterial Sclerosis — 10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1946, to July 9, 1953 that I last saw the deceased alive on July 7, 1953 and that death occurred at 11 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): David L. Brewer M.D. — ADDRESS: Clear Spring Md — DATE SIGNED: 7/13/53

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: 7-13-53 — NAME OF CEMETERY OR CREMATORY: Rose Hill Mausoleum — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: 7-13-53 — REGISTRAR'S SIGNATURE: Joseph W. Murray

24. FUNERAL DIRECTOR — ADDRESS: Adrian H. Rowland, Clear Spring, Md.

RECEIVED
AUG 3 1953
BUREAU V. S.

Item 18 Film G156 7-31-53 ams

07423

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Volunteers of America

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 107 No Foundry St

3. NAME OF DECEASED (Type or Print) (First) Christian (Middle) Glenn (Last) Brown

4. DATE OF DEATH (Month) June (Day) 20 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH Mar 11-1894
9. AGE last birthday 5 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY [illegible]
11. BIRTHPLACE (State or foreign country) FAIRFIELD Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edward Brown
14. MOTHER'S MAIDEN NAME No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 209-12-7711
17. INFORMANT AND ADDRESS [illegible] Hagerstown Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Debility Generalized | 6 mos. |
| 160X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Squamous Cell Carcinoma of right Maxillary Sinus | 4 yrs. |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ ~~Not While~~ At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/9, 1953, to 20 July 1953, that I last saw the deceased alive on 18 July 1953, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS Hagerstown Md DATE SIGNED 20 July 1953 7/20/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/22/53
NAME OF CEMETERY OR CREMATORY Fairfield Union Cem
LOCATION (City, town, or county) (State) Fairfield Gaines Pa

DATE REC'D BY LOCAL REG. July 20, 1953
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Andrew [illegible] Offman ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
JUL 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MAUGANSVILLE
LENGTH OF STAY (in this place) 8 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS MAUGANSVILLE MENNONITE HO ME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MAUGANSVILLE
STREET ADDRESS (If rural give location) MAUGANSVILLE MENNONITE HOME

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) H. (Last) BRUBAKER
4. DATE OF DEATH: (Month) JULY (Day) 3 (Year) 1953
5. SEX: Female FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 11/25/1869
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: DAVID HORST
14. MOTHER'S MAIDEN NAME: SUSANNA HORST
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: MR. CLARENCE HORST MAUGANSVILLE MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

331X

Immediate cause (a) Hemiplegia. Cerebral Hemorrhage 8 days
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arterio-sclerosis General (Indefinite)
DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION: 0 ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE ✓ (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ No. — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 25, 1953, to July 3, 1953, that I last saw the deceased alive on July 3, 1953, and that death occurred at 11 20 PM, from the causes and on the date stated above.

SIGNATURE Victor D. Miller (Degree or title) DR. VICTOR D. MILLER
ADDRESS 151 W. WASHINGTON ST. HAGERSTOWN, MD.
DATE SIGNED July 4-1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/7/53
NAME OF CEMETERY OR CREMATORY Reiffs Mennonite Church
LOCATION (City, town, or county) Washington Co. (State) Md.
DATE REC'D BY LOCAL REGISTRAR July 4-1953
REGISTRAR'S SIGNATURE Chas H Boelers
24. FUNERAL DIRECTOR W. T. Norment
ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AI

RECEIVED
JUL 7
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07425

# CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro. X
LENGTH OF STAY (in this place) 3 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Canetown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lawrence (Middle) (Last) Bushey

4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: December 18 - 1859
9. AGE last birthday: 93-6-20 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Baltimore Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Bushey
14. MOTHER'S MAIDEN NAME: Mary Ewing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None.
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.1

Immediate cause (a) Generalized arterio-sclerosis — Interval Between Onset And Death 5 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1953, to July 8, 1953, that I last saw the deceased alive on July 8, 1953, and that death occurred at 5:10 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) F. W. LeVan M.D. ADDRESS Boonsboro DATE SIGNED 7/9/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 10 1953
NAME OF CEMETERY OR CREMATORY Mt. Gilead Cemetery
LOCATION (City, town, or county) (State) near Hamstead Md.
DATE REG'D BY LOCAL REGISTRAR July 10 1953
REGISTRAR'S SIGNATURE Jean Ch. Bast
24. FUNERAL DIRECTOR Wm. F. Bast & Sons ADDRESS Boonsboro Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 14 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Dr Lusby

57126

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 24 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 153 Summit Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 153 Summit Ave

3. NAME OF DECEASED: (Type or Print) (First) RETTA (Middle) BAER (Last) CARTY

4. DATE OF DEATH: (Month) July (Day) 14 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Married)

8. DATE OF BIRTH: Oct 30 1891

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Warren Township Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob V. Baer

14. MOTHER'S MAIDEN NAME: Malinda Kosier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ------

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Milford Carty

18. MEDICAL CERTIFICATION 153 Summit Ave Hagerstown Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

201X

Immediate cause (a) Hodgkins Disease — Interval Between Onset And Death: 6 mo

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nil

19a. DATE OF OPERATION: Apr 21, 53

19b. MAJOR FINDINGS OF OPERATION: Biopsy: Hodgkin Disease

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) N

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify, that I attended the deceased from Nov 15, 1952, to 14 July, 1953, that I last saw the deceased alive on 11 July, 1953, and that death occurred at 10:00 A.M., from the causes and on the date stated above.

SIGNATURE F F Lusby (Degree or title) MD ADDRESS 230 W Potomac Hagerstown DATE SIGNED 14 July 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7/17/53 — NAME OF CEMETERY OR CREMATORY Rest Haven cemetery — LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR July 15, 1953 — REGISTRAR'S SIGNATURE Mildred Hoover

24. FUNERAL DIRECTOR Andrew K. Coffman — ADDRESS Hagerstown Md.

VS. A15

RECEIVED
JUL 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7427

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1 PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 42 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 732 Washington Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 732 Washington Avenue

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Margaret (Last) Cosens

4. DATE OF DEATH: (Month) July (Day) 19 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-29-1880

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months 5 Days 20 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Green Springs, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mentor P. Moore

14. MOTHER'S MAIDEN NAME: Rebecca Robinson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: John H. Cosens, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

19xx

Immediate cause (a) Sarcoma Mesenteric Lymphatodes

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Carcinoid abdominal metastasis

DUE TO (c)

Interval Between Onset And Death: 6 mos.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July 1, 1952, to ....., 1953, that I last saw the deceased alive on July 19 1953, and that death occurred at 7:30 PM, from the causes and on the date stated above.

SIGNATURE J. Davidson (Degree or title) MD ADDRESS Hagerstown Md. DATE SIGNED 7/20/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 7-22-1953 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR July 22, 1953 | REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Wilson

RECEIVED
JUL 24 1953
...IREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 128

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlocks Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washingto; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town); STREET ADDRESS (If rural give location) 125 N. Locust Street

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) Rebecca (Last) Cramer

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Dec. 3, 1888

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months; Days; IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): house work

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Hagerstown, Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William F. Cramer

14. MOTHER'S MAIDEN NAME: Rebecca Semler

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) // no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Edna Wooden Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Carcinoma of Colon — Interval Between Onset And Death: 2 yrs. 3 mo.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Apr. 1951

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Colon

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to July 22, 1953, that I last saw the deceased alive on July 22 1953, and that death occurred at 4 P. M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Floyd A. Hoffman M.D. ADDRESS 214 N. Potomac St. Hagerstown Md. DATE SIGNED 7/24/53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial; DATE THEREOF July 25-53; NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery; LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR July 25, 1953; REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son; ADDRESS Hag. Md.

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BUREAU V. S

DR. GEO. PAULUS
318 N. POTOMAC HAGERSTOWN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

(7130)

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN 3
LENGTH OF STAY (in this place) 5 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASH. Co. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BOONSBORO
STREET ADDRESS (If rural give location) S. MAIN ST.

3. NAME OF DECEASED: (Type or Print) (First) ESBY (Middle) E. (Last) CRONISE

4. DATE OF DEATH: (Month) JULY (Day) 30 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: AUGUST 14 1874

9. AGE last birthday: 78-10-16 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: FLORIST AND FRUIT GROWER

10b. KIND OF BUSINESS OR INDUSTRY: OWN FARMS.

11. BIRTHPLACE (State or foreign country): NEAR BOONSBORO WASH. Co. MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES CRONISE

14. MOTHER'S MAIDEN NAME: SARAH NEFF

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: MISS HATTIE CRONISE BOONSBORO MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 5 min.
DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) ASHD.
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-30, 19 53, to 7-30, 19 53, that I last saw the deceased alive on DOA, 19..., and that death occurred at 5-20 p.m., from the causes and on the date stated above.

SIGNATURE George Paulus (Degree or title) MD
ADDRESS 318 N Potomac Hagerstown
DATE SIGNED 7-31-53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF Aug. 2. 1953
NAME OF CEMETERY OR CREMATORY BOONSBORO CEMETERY
LOCATION (City, town, or county) (State) BOONSBORO WASH. Co. MD.

DATE REC'D BY LOCAL REGISTRAR July 31, 1953
REGISTRAR'S SIGNATURE Ethel N. Bowers

24. FUNERAL DIRECTOR ADDRESS
WM. F. BAST AND SONS BOONSBORO MD.

RECEIVED
AUG 3 1 73
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 429

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Boonsboro
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Rosa (Middle) B. (Last) Cutler
4. DATE OF DEATH: (Month) 7 (Day) 1 (Year) 1953

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: 1-22-1887
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Carlton Palmer
14. MOTHER'S MAIDEN NAME: Ellen Poffinberger

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: David Cutler, Boonsboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X

Immediate cause (a) Malignant Tumor (Cancer) of Pancreas. Interval Between Onset And Death 3 mos.

DUE TO Metastases.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Mar 27-1953
19b. MAJOR FINDINGS OF OPERATION Inoperable Solid Tumor of Pancreas
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1953, to July 1, 1953, that I last saw the deceased alive on July 1, 1953, and that death occurred at 8:15 AM from the causes and on the date stated above.

SIGNATURE Sidney Novenstein (Degree or title) MD ADDRESS Frederick Md DATE SIGNED 7-1-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-3-53
NAME OF CEMETERY OR CREMATORY Lutheran Cemetery
LOCATION (City, town, or county) Middletown, (State) Md.
DATE REC'D BY LOCAL REGISTRAR July 3, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Gladhill Co. ADDRESS Middletown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 7 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

31

Reg. Dist. No. 301

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md; MARYLAND; LENGTH OF STAY (In this place) 24 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 107 Conococheague St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washingto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.; STREET ADDRESS (If rural, give location) 107 Conococheague St.

3. NAME OF DECEASED (Type or Print): (First) Pearl (Middle) Viola Blanche (Last) Dellinger

4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 31 1881

9. AGE last birthday: 72 yrs. If under 1 year: Months 5 Days 19 If under 24 hrs: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Lorden Co. Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjiman Franklin Miles

14. MOTHER'S MAIDEN NAME: Amanda A Bowers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Bruce F. Miles Martinsburg W. Va. (brother)

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422 / Immediate cause (a) Acute cerebral hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerotic myocardial 1 yrs.

(c) heart failure grade IV

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: No

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) No m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

S. Robt Wells M.D. Deputy Med Exam. Washington Co. Md. Hagerstown Md. 7.22.53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: July 23 1953; NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery; LOCATION (City, town, or county) (State): Williamsport Md

DATE REC'D BY LOCAL REG.: July 22-53; REGISTRAR'S SIGNATURE: E Lee McElroy

24. FUNERAL DIRECTOR ADDRESS: Edith V. Leaf Williamsport Md.

RECEIVED
1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]132

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (In this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural give location) 825 POTOMAC AVE.

3. NAME OF DECEASED: (Type or Print) (First) CALVIN (Middle) NEWCOMER (Last) DENNIS

4. DATE OF DEATH: (Month) JULY (Day) 10 (Year) 19 53

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, (MARRIED) WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 1/17/1890

9. AGE Last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, SEA FOOD DEALER

10b. KIND OF BUSINESS OR INDUSTRY: OWN BUSINESS

11. BIRTHPLACE (State or foreign country). MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM DENNIS

14. MOTHER'S MAIDEN NAME: MATTIE STRITE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-32-5374

17. INFORMANT & ADDRESS: MRS. MARY L. DENNIS HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4-53-1

Immediate cause (a) Acute Coronary Thrombosis DUE TO — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Ventricular Fibrillation DUE TO — 6 days

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/5/53, 19..., to 7/9/53, 19..., that I last saw the deceased alive on 7/9/53, 19..., and that death occurred at 9:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. W. Dittmar M.D. Hagerstown Md 7/10/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 7/13/53 NAME OF CEMETERY OR CREMATORY Rose Hill Cem. LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR July 13, 1953 REGISTRAR'S SIGNATURE Edith H. Bowers

24. FUNERAL DIRECTOR W. T. Norment ADDRESS Hagerstown, Md.

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JUL 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]133

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown R 2
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) R.F.D. # 5

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Ezra (Last) Dibert

4. DATE OF DEATH: (Month) 7 (Day) 9 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Dec. 17, 1883

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: N.A. Cement Corp.

11. BIRTHPLACE (State or foreign country): Chewsville, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Dibert

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-10-6818

17. INFORMANT & ADDRESS: Mrs. Nina D. Dibert Hagerstown, Md. R5

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset And Death: 10 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Pulmonary Embolus — 1 wk

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-5 ,1953, to 7-9 , 1953, that I last saw the deceased alive on 7-9 , 1953 and that death occurred at 4:47 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert U. Campbell M.D. ADDRESS Hagerstown Md. DATE SIGNED 7-10-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7-11-53 — NAME OF CEMETERY OR CREMATORY Rose Hill — LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR July 10, 1953 — REGISTRAR'S SIGNATURE Chas. H. Rowers

24. FUNERAL DIRECTOR Fred W. Kraiss ADDRESS Hagerstown, Md.

VS. A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 34

# CERTIFICATE OF DEATH

Reg. Dist. No. 305

1 PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural-Boonsboro
LENGTH OF STAY (in this place) 5 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE West-Virginia COUNTY Jefferson
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Charles Town-Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) Marion (Last) Domer
4. DATE OF DEATH: (Month) July (Day) 18 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Feb.5,1875
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farm Hand
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Sharpsburg, Md
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Henry Domer
14. MOTHER'S MAIDEN NAME: Unknown
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 236-44-2505
17. INFORMANT & ADDRESS: Mrs. Gardner Lowery-Boonsboro, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Generalized Arteries - Sclerosis — Interval Between Onset And Death: 5 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 13, 1953, to July 18, 1953, that I last saw the deceased alive on July 13, 1953, and that death occurred at 5:30 A, from the causes and on the date stated above.

SIGNATURE J. Hubert Made (Degree or title) M. D. ADDRESS Boonsboro, Md DATE SIGNED 7-20-53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 21, 1953
NAME OF CEMETERY OR CREMATORY Uville Methodist
LOCATION (City, town, or county) Uville, W. Va. (State)
DATE REC'D BY LOCAL REGISTRAR July 21, 1953
REGISTRAR'S SIGNATURE John H. Bart
24. FUNERAL DIRECTOR R. I. Earnshaw--Keedysville, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]435

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1 PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) 50 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1020 ROSE HILL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
STREET ADDRESS (If rural give location) 1020 ROSE HILL AVE.

3. NAME OF DECEASED: (Type or Print) First: ELIZABETH (Middle) (Last): EYERLY

4. DATE OF DEATH: (Month) JULY (Day) 18 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 9/10/1873

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ABRAM EBERSOLE

14. MOTHER'S MAIDEN NAME: FANNIE HORST

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: MRS. H. S. CALLEN LEBANON PA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio Vascular Renal Disease — Interval Between Onset And Death: 6 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertension — 6 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1949, to July 18, 1953, that I last saw the deceased alive on July 18, 1953 and that death occurred at 3.10 PM from the causes and on the date stated above.
SIGNATURE (Degree or title) Robert P. Conrad, M.D. ADDRESS Hagers Town Md DATE SIGNED 7-20-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 7/21/53 NAME OF CEMETERY OR CREMATORY St. Paul's Church Cem. LOCATION (City, town, or county) Washington Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR July 23, 1953 REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR W. J. Norment ADDRESS Hagerstown, Md.

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JUL 22 1953
BUREAU V. S.

Dr. Hornbaker

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 248 S. Prospect St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 248 S. Prospect St.

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) L. (Last) Ankeney Foster

4. DATE OF DEATH: (Month) July (Day) 1, (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Oct. 15, 1864

9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): near Clearspring, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John J. Ankeney

14. MOTHER'S MAIDEN NAME: Maria Newcomer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Miss Helen Hoffmeir

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Congestive heart failure — Interval Between Onset And Death: about 3 mo.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — Interval Between Onset And Death: Unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/7, 1940., to 7-1., 1953., that I last saw the deceased alive on 7-1., 1953, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE: John H. Homebaker M.D. (Degree or title)
ADDRESS: 137 W. Washington St. Hagerstown, Md.
DATE SIGNED: 7-2-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7-4-1953
NAME OF CEMETERY OR CREMATORY: St. Pauls Cemetery
LOCATION (City, town, or county) (State): Clearspring, Md.

DATE REC'D BY LOCAL REGISTRAR: July 2, 1953
REGISTRAR'S SIGNATURE: Elbert H. Howard

24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman, Hagerstown, Md.

RECEIVED
JUL 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 137

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 47 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 534 W. Franklin St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 534 W. Franklin St.

3. NAME OF DECEASED: (Type or Print) (First) Crist (Middle) Waidner (Last) Fuller Sr.

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1953

5. SEX: Male MALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: May 18, 1887
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Yard Master
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Martinsburg W. Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles A. Fuller
14. MOTHER'S MAIDEN NAME: Virginia Sirer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 717-07-9376
17. INFORMANT & ADDRESS: Mrs. Grace V. Fuller Hag. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary Occlusion — Interval Between Onset And Death: 6 wk

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Cardiac Vascular Disease — 3 yrs

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-23, 1953, to 7-12, 1953, that I last saw the deceased alive on 7-10, 1953, and that death occurred at 6 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) S. W. Cutty ADDRESS Hagerstown Md DATE SIGNED 7/13/53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF July 14, 1953
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagertsown Md.

DATE REC'D BY LOCAL REGISTRAR July 14, 1953
REGISTRAR'S SIGNATURE Chas. Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son Hag. Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 53

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
LENGTH OF STAY (in this place) 12 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Pinesburg
STREET ADDRESS (If rural give location) Williamsport RFD #

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Jay (Last) Gardner

4. DATE OF DEATH: (Month) July (Day) 17, (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 16, 1953

9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR: Months 0 Days 0 IF UNDER 24 HRS.: Hours 11 Min. 46

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired). None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas J. Gardner

14. MOTHER'S MAIDEN NAME: Dorothy G. Kaetzel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mr. Thomas J. Gardner Pinesburg, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

762.0
Immediate cause (a) Pulmonary Atelectasis — 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) .....
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/16/53 19 ... , to 7/17/53 19 ... , that I last saw the deceased alive on 7/17/53 19 .. , and that death occurred at 12:30 PM, from the causes and on the date stated above.

SIGNATURE C F Young (Degree or Title) MD ADDRESS Williamsport, Md. DATE SIGNED 7/18/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF July 20, 1953 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) Hagerstown, Md. (State)

DATE REC'D BY LOCAL REGISTRAR July 18, 1953 — REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Edith V. Leaf — ADDRESS Williamsport, Maryland.

2073282403

RECEIVED
JUL 21 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Dr Wells

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct an is especially important. Physicians: please write the causes of death clearly and legibly.

M

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 4 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 314 South Cannon Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 314 South Cannon Ave

3. NAME OF DECEASED (Type or Print): (First) MAYETTA (Middle) JUANITA (Last) HARBAUGH

4. DATE OF DEATH: (Month) (Day) (Year) July 23 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 7 1953

9. AGE last birthday: yrs. — If under 1 year: Months 1 Days 16 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William E. Harbaugh

14. MOTHER'S MAIDEN NAME: Clara O Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: William E. Harbaugh Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

J18.0 **Immediate cause** (a)

**Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) acute actelectasis(lungs)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) No m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ✓, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) J. Robert Wells M.D., DEPUTY MEDICAL EXAM. WASH. CO. MD. — ADDRESS 115 North Potomac St. Hagerstown Md. — DATE SIGNED 7/24/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 7/25/53 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG. July 25, 1953 — REGISTRAR'S SIGNATURE C. Frost Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman — ADDRESS: Hagerstown Md.

VS. A15A

2063243404

RECEIVED
BUREAU V. C

Film G147 -Item 18 - 8-753 ams

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]140

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 10 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS 234 Winter Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg Maryland
STREET ADDRESS (If rural give location) Sharpsburg Maryland

3. NAME OF DECEASED: (Type or Print) (First) Maud (Middle) Helen (Last) Heighberger

4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: Feb. 4 1884

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months 5 Days [illegible] IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Hosery dnspector

10b. KIND OF BUSINESS OR INDUSTRY: Cronier Silk Mill

11. BIRTHPLACE (State or foreign country): Sharpsburg Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Heighberger

14. MOTHER'S MAIDEN NAME: Anna Mary Benner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 214-09-3411

17. INFORMANT & ADDRESS: Ernest Heighberger 234 Winter Street Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.9

Immediate cause (a) Carcinomatosis, primary site not known — Interval Between Onset And Death 15 mo.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 27, 1953, to July 30, 1953, that I last saw the deceased alive on July 29, 1953, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Edward H Overholtzer M D ADDRESS Hagerstown Md DATE SIGNED 7/31/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Aug. 1 1953 NAME OF CEMETERY OR CREMATORY Mt. View Cemetery LOCATION (City, town, or county) Sharpsburg (State) Maryland

DATE REC'D BY LOCAL REGISTRAR July 31, 1953 REGISTRAR'S SIGNATURE Elliott Bowers

24. FUNERAL DIRECTOR ADDRESS Edith V. Deaf Williamsport Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 58 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 908 Oak Hill Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural, give location) 908 Oak Hill Ave.

3. NAME OF DECEASED (Type or Print) (First) Winfield (Middle) Earl (Last) Hersey

4. DATE OF DEATH (Month) July (Day) 23, (Year) 1953

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Jan. 13, 1894
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Automobile
11. BIRTHPLACE (State or foreign country) Near Clearspring Md.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME W. Scott Hershey
14. MOTHER'S MAIDEN NAME Mary J. Wolfkill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) War I
16. SOCIAL SECURITY No. 214-09-2046
17. INFORMANT AND ADDRESS Miss Luella Hershey Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) acute coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) NO m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Mells M.D. (Degree or title) DEPUTY MEDICAL EXAM WASH. CO., MD. ADDRESS 115 North Potomac Hagerstown, Md. DATE SIGNED 7/24/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-25-1953
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REG. July 25, 1953
REGISTRAR'S SIGNATURE Ernest H. Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415A

RECEIVED
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 10yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 906 Summit Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harney
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mrs. Erma (Middle) L (Last) Hesson

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 1953

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Dec. 10 1861

9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housdwork

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Stephen Gettier

14. MOTHER'S MAIDEN NAME: Elizabeth Schroeder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mrs. W. L. Lambert 906 Summit Ave-Hagerstown Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart disease DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 2 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 22, 1953, to July 22, 1953, that I last saw the deceased alive on July 22, 1953, and that death occurred at 7:00 P.M. from the causes and on the date stated above.

SIGNATURE K. A. Bell (Degree or title) M.D. ADDRESS Hagerstown, Maryland, DATE SIGNED July 23, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7/25/53 — NAME OF CEMETERY OR CREMATORY Lutheran — LOCATION (City, town, or county) Harney, Md. (State)

DATE RECD BY LOCAL REGISTRAR July 27, 1953 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR C. O. FUSS & SON — ADDRESS Taneytown, Md.

Rec'd from Mrs. Harold S. Mehring, Taneytown, Rt. 6.

RECEIVED
JUL 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr Ditto

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedar Lawn
LENGTH OF STAY (in this place) 25 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Western Pike

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedar Lawn, Near Hagerstown #4
STREET ADDRESS (If rural give location) Western Pike

3. NAME OF DECEASED: (Type or Print) (First) Huber (Middle) Gilbert (Last) Hixon
4. DATE OF DEATH (Month) July (Day) 13, (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Dec. 6, 1886
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Baker
10b. KIND OF BUSINESS OR INDUSTRY: Manbeck Baking Co.
11. BIRTHPLACE (State or foreign country): Hancock Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Hixon
14. MOTHER'S MAIDEN NAME: Nancy N. Brady

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: 214-09-1937
17. INFORMANT & ADDRESS: Mrs Margaret Z. Hixon

18. MEDICAL CERTIFICATION Hagerstown Md. R & 4

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death ½ hour

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Coronary Disease — 9 yrs

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 16, 1944, to 7-13, 1953, that I last saw the deceased alive on 7-6, 1953, and that death occurred at 11:50 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) S. E. W. Ditto
ADDRESS Hagerstown Md
DATE SIGNED 7/16/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/16/53
NAME OF CEMETERY OR CREMATORY Presbyterian Cemetery
LOCATION (City, town, or county) (State) Hancock Md

DATE REC'D BY LOCAL REGISTRAR July 15, 1953
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman
ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (7444)

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY WASH.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL HAGERSTOWN RT4
STREET ADDRESS (If rural give location) BROADFORDING ROAD

3. NAME OF DECEASED: (Type or Print) (First) BERTHA (Middle) KATHERINE (Last) HOLSINGER

4. DATE OF DEATH: (Month) JULY (Day) 26 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE

8. DATE OF BIRTH: SEPT. 29, 1893

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): CLERK

10b. KIND OF BUSINESS OR INDUSTRY: DEPARTMENT STORE

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: NORMAN B. HOLSINGER

14. MOTHER'S MAIDEN NAME: ELIZA JANE MYERS

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-09-7616

17. INFORMANT & ADDRESS: CLYDE HOLSINGER HAGERSTOWN RT4

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

190X

Immediate cause (a) DUE TO Metastatic Melanosarcoma — Interval Between Onset And Death 4 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-4 ,1951, to 7-26 , 1953, that I last saw the deceased alive on 7-26, 1953, and that death occurred at 11:55 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Dalton M. Welty M. D. Hagerstown 7-27-53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF JULY 29 1953 NAME OF CEMETERY OR CREMATORY BROADFORDING CEMETERY LOCATION (City, town, or county) HAGERSTOWN RT4 (State) MARYLAND

DATE REC'D BY LOCAL REGISTRAR July 29, 1953 REGISTRAR'S SIGNATURE Ethel H. Bowers

24. FUNERAL DIRECTOR ADDRESS FRED W. KRAISS HAGERSTOWN, MD.

VS. A15

RECEIVED
JUL 31 1953
BUREAU V. S.

DR. GEO. PAULUS
316 N. POTOMAC HAGERSTOWN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## CERTIFICATE OF DEATH

Reg. Dist. No. 305

**1. PLACE OF DEATH:**
COUNTY WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MT. LENA - RURAL
LENGTH OF STAY (in this place): 35 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: BOONSBORO MD. R. 2

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE MARYLAND. COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MT. LENA - RURAL
STREET ADDRESS (If rural give location): BOONSBORO MD. R. 2

**3. NAME OF DECEASED:** (First) GEORGE (Middle) E. (Last) HOUPT

**4. DATE OF DEATH:** (Month) JULY (Day) 30 (Year) 1953

**5. SEX:** MALE

**6. COLOR OR RACE:** WHITE

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** WIDOWED

**8. DATE OF BIRTH:** FEB. 18 - 1879

**9. AGE last birthday:** 74 - 5 - 12 yrs.
IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

**10a. USUAL OCCUPATION** Give kind of work done during most of working life, even if retired): FARMER.

**10b. KIND OF BUSINESS OR INDUSTRY:** OWN FARM

**11. BIRTHPLACE** (State or foreign country): NEAR MYERSVILLE FRED. CO. MD. U.S.A.

**12. CITIZEN OF WHAT COUNTRY?**

**13. FATHER'S NAME:** LAWSON HOUPT

**14. MOTHER'S MAIDEN NAME:** MARY DUTROW

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) NO
(If Yes, give war or dates of service)

**16. SOCIAL SECURITY No.:** NONE

**17. INFORMANT & ADDRESS:** ELVIN HOUPT BOONSBORO MD. R. 2

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset And Death |
|---|---|---|
| 420.1 Immediate cause | (a) Coronary Occlusion | 5 min |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | (b) DUE TO A.S.H.D. | years |
| | (c) DUE TO | |

**11. OTHER SIGNIFICANT CONDITIONS** Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:** **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify) **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

**TIME OF INJURY** (Month) (Day) (Year) (Hour) m. **INJURY OCCURED** While at Work ☐ Not While At Work ☐ **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 7-30, 1953, to 7-30, 1953, that I last saw the deceased alive on DOA 19..., and that death occurred at 5:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): George Paulus MD ADDRESS: 316 N Potomac Hagerstown DATE SIGNED: 7-31-53

**23. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL DATE THEREOF: AUG. 2. 1953 NAME OF CEMETERY OR CREMATORY: BOONSBORO CEMETERY. LOCATION (City, town, or county) (State): BOONSBORO WASH. CO. MD.

DATE REC'D BY LOCAL REGISTRAR: AUG. 1. 1953 REGISTRAR'S SIGNATURE: John W. Deal

**24. FUNERAL DIRECTOR** ADDRESS: WM. F. BAST AND SONS BOONSBORO MD.

RECEIVED
AUG 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Dr Bell

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 7 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Volunteers of America

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) West Washington St.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) DEBOROW (Last) JACOBS

4. DATE OF DEATH: (Month) (Day) (Year) July 14 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: June 24 1875
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life. Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): near Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isaac Deborow
14. MOTHER'S MAIDEN NAME: Virginia Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Raymond Scanlon Baltimore Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) Carcinoma of stomach — Interval Between Onset And Death: 4 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-22-, 1953, to 7-14, 1953, that I last saw the deceased alive on 7-14, 1953, and that death occurred at 5:10 P.M., from the causes and on the date stated above.

SIGNATURE R. A. Bell (Degree or title) M.D. ADDRESS Hagerstown, Maryland DATE SIGNED July 15, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/16/53
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.
DATE REC'D BY LOCAL REGISTRAR July 15, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 1
BUREAU V. S.

07147

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 17 McKee Ave.

3. NAME OF DECEASED: (Type or Print) (First) Bertha (Middle) (Last) Jones

4. DATE OF DEATH: (Month) July (Day) 11, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Jan. 26, 1892

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Columbas A. Cannon

14. MOTHER'S MAIDEN NAME: Arona Cannon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT & ADDRESS: Mrs. Evelyn Kilvelage, Baltimore Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

156.1

Immediate cause (a) Carcinoma of Liver & Pancreas — Interval Between Onset And Death (?)

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb 20-1953

19b. MAJOR FINDINGS OF OPERATION Carcinoma of Liver & Pancreas

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ✓

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ✓ (CITY OR TOWN) Hagerstown (COUNTY) Park (STATE) Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour) 0 m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from Jan 28, 1953 to July 11, 1953, that I last saw the deceased alive on July 10, 1953, and that death occurred at 4:30 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) [illegible] MD — ADDRESS [illegible] — DATE SIGNED 7/14/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7/13/53 — NAME OF CEMETERY OR CREMATORY Baltimore Cemetery — LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REGISTRAR July 14, 1953 — REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR W. J. Hammett — ADDRESS Hagerstown, Md.

RECEIVED
JUL 14
UREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 203 128

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wash. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural, ClearSpring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD #1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural, ClearSpring
STREET ADDRESS (If rural give location) RFD #1

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Catherine (Last) Kelley

4. DATE OF DEATH: (Month) July (Day) 13, (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH: April 27, 1862

9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) house wife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Adams Co., Penna.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Radle

14. MOTHER'S MAIDEN NAME: Amelia Arnt

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: -

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 334X Cerebral Apoplexy — Interval Between Onset And Death: Day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/12/53 19..., to 7/13/53 19..., that I last saw the deceased alive on 7/13/53 19..., and that death occurred at 8:30 A.M., from the causes and on the date stated above.

SIGNATURE L. F. Young (Degree or Title) M.D. ADDRESS Williamsport Md DATE SIGNED 7/14/53

23. BURIAL, CREMATION, REMOVAL (Specify) burial DATE THEREOF 7-15-53 NAME OF CEMETERY OR CREMATORY Parkhead Cemetery LOCATION (City, town, or county) near Big Pool, Md. (State)

DATE REC'D BY LOCAL REGISTRAR July 14—53 REGISTRAR'S SIGNATURE Leroy M Fockler (Deputy Coroner)

24. FUNERAL DIRECTOR Scott F. Minnich & Son, Hagerstown ADDRESS

VS. A15

RECEIVED
AUG 3 1953
EAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 110

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 2 North Avenue

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Earl (Last) Kelley

4. DATE OF DEATH: (Month) July (Day) 21 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 4-14-1900

9. AGE Last birthday: 53 yrs. IF UNDER 1 YEAR: Months 3, Days 7. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Freight Agent

10b. KIND OF BUSINESS OR INDUSTRY: B. O. R. R. Co.

11. BIRTHPLACE (State or foreign country): Brunswick, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles E. Kelley, Sr.

14. MOTHER'S MAIDEN NAME: Nora Frush

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 705-07-7989

17. INFORMANT & ADDRESS: Mrs. C. Earl Kelley, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4-21-X

Immediate cause (a) ..... Terminal Bronchopneumonia — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Aneurysm of abdominal aorta, arteriosclerotic — ?

DUE TO (c) Secondary non-specific colitis — 1 week,

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Excision of cervical gland several days prior to death revealed Malignant Lymphoma.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 11, 1953, to July 21, 1953, that I last saw the deceased alive on July 21, 1953 and that death occurred at 10:30 A. M. from the causes and on the date stated above.

SIGNATURE R. A. Bell (Degree or title) M.D. ADDRESS Hagerstown, Md. DATE SIGNED July 22, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 7-23-1953

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR: July 23, 1953

REGISTRAR'S SIGNATURE Chas. H. Boevers

24. FUNERAL DIRECTOR: C. M. Suter & Sons, Hagerstown, Maryland — ADDRESS

RECEIVED
JUL 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 302 ... 250

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 18 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2 North Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 2 North Avenue

3. NAME OF DECEASED: (Type or Print) (First) Nora (Middle) Frush (Last) Kelley

4. DATE OF DEATH: (Month) July (Day) 17 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 6-9-1868

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months 1 Days 8 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Clearspring, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Frush

14. MOTHER'S MAIDEN NAME: Lucy Kerr

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Mrs. C. Earl Kelley, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 Immediate cause (a) Arteriosclerotic Heart disease. — Interval Between Onset And Death: 3 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) .....

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 12, 1953, to July 17, 1953, that I last saw the deceased alive on July 9, 1953, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Hagerstown, Md. DATE SIGNED July 17, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7-20-1953

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR: July 20, 1953

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

VS. A15

Dr R. A. Bell

RECEIVED
JUL 22 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 151

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 42 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 318 Mealey Pkwy

3. NAME OF DECEASED: (Type or Print) (First) Mettie (Middle) Pearl (Last) Kemp

4. DATE OF DEATH: (Month) July (Day) 4 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]

8. DATE OF BIRTH: Mar. 28, 1873

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Luray Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas M. Kemp

14. MOTHER'S MAIDEN NAME: Betty Kibler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: -----

17. INFORMANT & ADDRESS: T. Aubrey Kemp Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42.0

Immediate cause (a) arterio-sclerotic myocardial — Interval Between Onset And Death: 2yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) heartdisease with myocardial failure grade IV

DUE TO (c) acute mesenteric thrombosis — 48hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 49, 19.., to July 4, 19 53, that I last saw the deceased alive on July 2, 19 53, and that death occurred at 12:50 AM DST from the causes and on the date stated above.

SIGNATURE (Degree or title) S. Robert Wells M.D ADDRESS Hagerstown, Md. DATE SIGNED July 5 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF July 6, 1953 NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR July 6, 1953 REGISTRAR'S SIGNATURE Edward H. Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

VS. A15 T

RECEIVED
JUL 8 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 152

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) 6 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 611 WASHINGTON AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARTLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
STREET ADDRESS (If rural give location) 611 WASHINGTON AVE.

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) MACK (Last) KIMBLER
4. DATE OF DEATH: (Month) JULY (Day) 19 (Year) 19 53

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 10/30/1884
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): MILL SUPT.
10b. KIND OF BUSINESS OR INDUSTRY: FLOORING CO.
11. BIRTHPLACE (State or foreign country): KENTUCKY
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN KIMBLER
14. MOTHER'S MAIDEN NAME: Martha ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 227-09-6912
17. INFORMANT & ADDRESS: MRS. MATTIE KIMBLER HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: Few minutes

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Arteriosclerotic Heart Disease — One year

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19, 1953, to July 19, 1953, that I last saw the deceased alive on ——, 19—, and that death occurred at 6:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
(Signed for Dr. Geo. Jennings - Regular attending Physician of decand) 7/20/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/23/53
NAME OF CEMETERY OR CREMATORY Thorns Spring Cem.
LOCATION (City, town, or county) Pulaski Pulaski Co. (State) Va.
DATE REC'D BY LOCAL REGISTRAR July 20, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR W. T. Norment
ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 22 1953
BUREAU V. S.

DR. BLAIR
214 POTOMAC ST.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 153

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASH. Co. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL
STREET ADDRESS (If rural give location) HAGERSTOWN - R5

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) SHEILA - JEAN - KNODE
4. DATE OF DEATH: (Month) (Day) (Year) JULY - 26 - 1953
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: AUGUST - 22 - 1947
9. AGE last birthday: 5-11-4 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): HAGERSTOWN WASH. Co. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ROLAND J. KNODE
14. MOTHER'S MAIDEN NAME: WANDA MARTZ
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: ROLAND J. KNODE - HAGERSTOWN MD. R.5

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 193 X (a) Dehydration - Acidosis - Hypostatic Pneumonia — Interval Between Onset And Death 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Brain tumor (Glioma) of Brain Stem — 5 mos.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.., that I last saw the deceased alive on ....., 19.., and that death occurred at 5:40 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] 214 N Potomac St Hagerstown Md 7/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF JULY-29-1953 NAME OF CEMETERY OR CREMATORY BOONSBORO CEMETERY LOCATION (City, town, or county) (State) BOONSBORO WASH. Co. MD.
DATE REC'D BY LOCAL REGISTRAR July 28. 1953 REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR WM. F. BAST AND SONS ADDRESS BOONSBORO MD

RECEIVED
JUL 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN 03
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASH. CO. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BOONSBORO
STREET ADDRESS (If rural give location) N. MAIN ST.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) DR. ROBERT - THOMPSON - LAKIN
4. DATE OF DEATH: (Month) (Day) (Year) JULY - 18 - 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: MARCH 1 - 1876
9. AGE last birthday: 77 - 4 - 17 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): DENTAL SURGEON
10b. KIND OF BUSINESS OR INDUSTRY: OWN OFFICE
11. BIRTHPLACE (State or foreign country): BOONSBORO WASH. CO. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DR. A.W. LAKIN
14. MOTHER'S MAIDEN NAME: JOSEPHINE TROUP.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: ROBERT T. LAKIN BOONSBORO MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Renal arteriosclerosis — Interval Between Onset And Death: 10 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Cerebral Haemorrhage — 3 days
DUE TO (c) Diabetes

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 13, 1953, to July 18, 1953, that I last saw the deceased alive on July 17, 1953, and that death occurred at 7 AM, from the causes and on the date stated above.
SIGNATURE G. W. Alban (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 7/20/53.

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF JULY-21-1953
NAME OF CEMETERY OR CREMATORY BOONSBORO CEMETERY
LOCATION (City, town, or county) (State) BOONSBORO WASH. CO. MD.
DATE REC'D BY LOCAL REGISTRAR July 20, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR WM. F. BAST AND SONS ADDRESS BOONSBORO MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

DR LEVAN

RECEIVED
JUL 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 55

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY FREDERICK
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FREDERICK
STREET ADDRESS (If rural give location) 508 ELM ST.

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) FRANCIS (Last) LIGGON

4. DATE OF DEATH: (Month) JULY (Day) 25 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: JULY 23, 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): INFANT
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HERBERT H. LIGGON JR.
14. MOTHER'S MAIDEN NAME: FRANCES BROWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: MR. HERBERT H. LIGGON JR. FREDERICK MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Atelectasis — Interval Between Onset And Death 2 dys

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Intracranial Hemorrhage

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/23, 1953, to 7/25, 1953, that I last saw the deceased alive on 7/25, 1953, and that death occurred at 6 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) H. V. Bowers MD
ADDRESS 3 8 N. Potomac St. Hagerstown Md
DATE SIGNED 7/26/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/27/53
NAME OF CEMETERY OR CREMATORY Rest Haven Cem.
LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR July 26, 1953
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR W. T. Norment
ADDRESS Hagerstown, Md.

2073241405

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 29
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 D2456

# CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Hagerstown; LENGTH OF STAY (in this place) 2 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; STREET ADDRESS (If rural give location) 701 Washington Ave.

3. NAME OF DECEASED: (Type or Print) (First) Nellie (Middle) Mildred (Last) Logan

4. DATE OF DEATH: (Month) July (Day) 14 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Oct. 14, 1871

9. AGE Last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, (Never retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Martinsburg W. Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Helferstay

14. MOTHER'S MAIDEN NAME: Elizabeth Gatrel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ----

17. INFORMANT & ADDRESS: Freaner F. Logan Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Cerebral Haemorrhage — Interval Between Onset And Death: 2 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertensive Cardiovascular disease — 2 years (Certain)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1953, to July 14, 1953, that I last saw the deceased alive on June 16 1953, and that death occurred at 5:30 P.M. D.S.T., from the causes and on the date stated above.

SIGNATURE W. D. Layman, M.D. (Degree or title) ADDRESS 5 Public Square Hagerstown Md DATE SIGNED July 15 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF July 16, 1953; NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery; LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR July 16 1953; REGISTRAR'S SIGNATURE Joseph W. Murray Local Registrar

24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 3 1953
BUREAU V. S.

Dr. Campbell

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 157

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 118 W. Howard St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 118 W. Howard St.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Solomon (Last) Ludwig

4. DATE OF DEATH: (Month) July (Day) 21, (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: July 30, 1888
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Conductor- Penn, Rwy.
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Shenandoah, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Ludwig
14. MOTHER'S MAIDEN NAME: Anna Pingley

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ----
16. SOCIAL SECURITY No.: 716-09-9407
17. INFORMANT & ADDRESS: Mrs. Grace Ludwig
118 W. Howard St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332 X

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: immed.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — 10 yr

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1952, to April, 1953, that I last saw the deceased alive on April, 1953, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert Vh Campbell M.D. ADDRESS Hagerstown Md DATE SIGNED 7/22/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-24-1953
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR July 23, 1953
REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman, Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 458

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 63 Broadway

3. NAME OF DECEASED: (Type or Print) (First) Lettie (Middle) Jane (Last) Martin

4. DATE OF DEATH: (Month) July (Day) 26 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-4-1878

9. AGE Last birthday: 74 yrs. IF UNDER 1 YEAR: Months 7 Days 22 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Cost

14. MOTHER'S MAIDEN NAME: Sue Jane Bomberger

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: John A. Martin, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease with Intra- — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Ventricular Block & Auricular Fibrillation

DUE TO

(c) and Congestive Cardiac Failure — 2 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonitis, R.L.L. — 2 weeks

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-3 ....., 1953 to 7-26 ..., 1953, that I last saw the deceased alive on 7-26, 1953, and that death occurred at 8:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Salton M. Welby M. D. Hagerstown 7-28-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7-29-1953 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR July 29, 1953 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR — ADDRESS C. M. Suter & Sons, Hagerstown, Maryland

RECEIVED
JUL 31 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 '50

# CERTIFICATE OF DEATH

Reg. Dist. No. 365

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Boonsboro
LENGTH OF STAY (in this place) 1 Year.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford Nursing Home.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Walkersville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) Victoria (Last) Martin

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 24 1865

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Marlon Stull

14. MOTHER'S MAIDEN NAME: Ann Rebecca Montgomery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) No.

16. SOCIAL SECURITY NO.: None.

17. INFORMANT & ADDRESS: Mrs. George P. Devilbiss Walkersville Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized arteriosclerosis — DUE TO

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last. (b) DUE TO (c)

Interval Between Onset And Death: 5 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1953, to July 13, 1953, that I last saw the deceased alive on July 13, 1953, and that death occurred at 1:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 7/13/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF July 16 1953 — NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery — LOCATION (City, town, or county) (State) Frederick Md

DATE REC'D BY LOCAL REGISTRAR July 14 1953 — REGISTRAR'S SIGNATURE John H. East

24. FUNERAL DIRECTOR M. R. Etchison & Son — ADDRESS Frederick Md.

RECEIVED
JUL 16 1953
BUREAU V. S

MAIL TO

**STATE OF MARYLAND**
**DEPARTMENT OF HEALTH & MENTAL HYGIENE**
**DIVISION OF VITAL RECORDS**
**P. O. BOX 13146**
**BALTIMORE, MARYLAND 21203**

SEND CHECK OR POSTAL MONEY ORDER
PAYABLE TO
DEPARTMENT OF HEALTH & MENTAL HYGIENE

Photocopies Issued .....

Date Issued .....

Remarks: .....

.....

SEP 29 D - 001842*******6.00

DO NOT WRITE IN THE ABOVE SPACE

# APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

The fee for Each Copy of a Death Certificate is $2.00. If the record is not found, there is a $2.00 fee for the search. -- Please do not send cash or stamps.

Date Sept. 22 19 86

Name of deceased Edna (First) Marie (Middle) McGlaughlin (Last)

Date of death July (Month) 1 (Day) 1953 (Year)

Place of death regardless of residence Hagerstown (Town) Washington (County) Md. (State)

Number of copies desired 2 For what purpose desired Proof of death

Your Name Grove Funeral Home

Your Address 50 S. Broad St. (No.) (Street)

Waynesboro, Penna. 17268 (City or town) (State) (Zip Code)

DHMH—31
VR-C 40
40M 2/84

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Dr Welty

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; MARYLAND; LENGTH OF STAY (in this place) 29 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Washington COUNTY; STATE Maryland; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highfield; STREET ADDRESS (If rural give location) ----------

3. NAME OF DECEASED: (Type or Print) (First) EDNA (Middle) MARIE (Last) McGlaughlin

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Apr 1 1899

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Smithsburg Md. R # 1

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Abram Kindall

14. MOTHER'S MAIDEN NAME: Ida Toms

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ----

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: McGlaughlin Lawrence McGlaughlin Highfield Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

410X

Immediate cause (a) Rheumatic Heart Disease & Mitral Stenosis, Jan 1951 2 yrs 5 mo.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Mitral Insufficiency; Congestive Failure

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. ....,19 51, to July 1., 19 53, that I last saw the deceased alive on July 1, 19 53 and that death occurred at 8:35 a. m., from the causes and on the date stated above.

SIGNATURE Walter M. Welty (Degree or title) M.D. ADDRESS Hagerstown DATE SIGNED July 2, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 7/4/53; NAME OF CEMETERY OR CREMATORY Green Hill Cemetery; LOCATION (City, town, or county) Waynesboro Pa (State)

DATE REC'D BY LOCAL REGISTRAR July 3 1953; REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman Hagerstown Md. ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (19)61

# CERTIFICATE OF DEATH

Reg. Dist. No. 30-2

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place) 3 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegheny
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cumberland (IX)
STREET ADDRESS (If rural give location) Cumberland Rt. 5 ✓

3. NAME OF DECEASED: (Type or Print) (First) Debora (Middle) Lou (Last) Mc Kinney
4. DATE OF DEATH: (Month) July (Day) 15 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: July 15, 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours 3 Min. 20

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Mc Kinney
14. MOTHER'S MAIDEN NAME: Ella L. Ramsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: -
17. INFORMANT & ADDRESS: William McKinney Cumberland Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

762.0 Immediate cause (a) Atelectasis, bilateral — 3 hrs.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Prematurity
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: /
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) Hagerstown (COUNTY) Washington (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/15/, 1953, to 7/15/, 1953, that I last saw the deceased alive on 7/15/, 1953, and that death occurred at 8:45 A.M., from the causes and on the date stated above.
SIGNATURE Richard A. Long (Degree or title) M.D. ADDRESS 318 N. Potomac St. Hagerstown, Md DATE SIGNED 7/15/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-16-53
NAME OF CEMETERY OR CREMATORY Memorial Cemetery
LOCATION (City, town, or county) Frostburg (State) Md.
DATE REC'D BY LOCAL REGISTRAR July 16, 1953
REGISTRAR'S SIGNATURE Gerald H. Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

20732 11322

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A/6

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]62

# CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 2-51

**1. PLACE OF DEATH:**
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Williamsport X
LENGTH OF STAY (in this place) Nov. 1950
HOSPITAL OR INSTITUTION OR STREET ADDRESS 27 E. Church Street

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.
STREET ADDRESS (If rural, give location) 27 E. Church Street

**3. NAME OF DECEASED:** (Type or Print) (First) Rev. (Middle) Charles Henry (Last) Mead

**4. DATE OF DEATH:** (Month) July (Day) 10 (Year) 1953

**5. SEX:** male

**6. COLOR OR RACE:** white

**7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify) married

**8. DATE OF BIRTH:** Oct. 8 1884

**9. AGE last birthday:** 68 yrs. IF UNDER 1 YEAR: Months 9 Days 2 IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Clergyman

**10b. KIND OF BUSINESS OR INDUSTRY:** M. E. Church

**11. BIRTHPLACE** (State or foreign country): Pottersville N. York

**12. CITIZEN OF WHAT COUNTRY?** USA

**13. FATHER'S NAME:** Alonza Mead

**14. MOTHER'S MAIDEN NAME:** Laura Knapp

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO

**16. SOCIAL SECURITY NO.:** None

**17. INFORMANT & ADDRESS:** Mrs. Ethel Mead 27 E Church St. Williamsport Md.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Acute myocardial infarction | 10 min |
| Anteccdent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | (b) DUE TO Coronary occlusion | 10 min |
| | (c) DUE TO | |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:** **19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☐

**21.** ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 May, 1953, to 10 July 1953, that I last saw the deceased alive on 3 July, 1953, and that death occurred at 2.50 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Paul Nash M.D. Williamsport, Md. 10 July 53

**23. BURIAL, CREMATION REMOVAL** (Specify): Burial — DATE THEREOF July 12 1953 — NAME OF CEMETERY OR CREMATORY Darlington Cemetery — LOCATION (City, town or county) Darlington Md. (State)

DATE REC'D BY LOCAL REG. July 10-1953 — REGISTRAR'S SIGNATURE E Lee McElroy

**24. FUNERAL DIRECTOR** Albert L Leaf — ADDRESS Williamsport Md,

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BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07463

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 1018 The Terrace

3. NAME OF DECEASED: (Type or Print) (First) Virginia (Middle) Weber (Last) Middlekauff

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1-1-1884
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months 6 Days 10 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Dubois, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter S. Weber
14. MOTHER'S MAIDEN NAME: Cora Schleigh

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: Homer P. Middlekauff, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

Immediate cause (a) General Carcinomatosis. Metastatic from--

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Carcinoma of right breast

DUE TO (c) Pathological fract. both femurs

Interval Between Onset And Death: 3 to 4 months

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metast carcinoma of the breast

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/23/53, 19 , to , 19....., that I last saw the deceased alive on 7/11/53, 19 , and that death occurred at 7/11/53, from the causes and on the date stated above.

SIGNATURE (Degree or title) A. H. Brumbach ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-14-1953
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland
DATE REC'D BY LOCAL REGISTRAR July 13 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUL 15 1953
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Dr Brunback

DR. LEVAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) GAPLAND X
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS GAPLAND MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) GAPLAND
STREET ADDRESS (If rural give location) GAPLAND MD.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) EMORY - ALVEY - MULLENDORE

4. DATE OF DEATH: (Month) (Day) (Year) JULY - 22 - 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: APRIL-12-1858
9. AGE last birthday: 95-3-10 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: OWN FARM
11. BIRTHPLACE (State or foreign country): GAPLAND WASH. CO. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DANIEL MULLENDORE
14. MOTHER'S MAIDEN NAME: MARY BEACHLEY

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: HAYS S. MULLENDORE GAPLAND MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X

Immediate cause (a) Carcinoma of prostate — Interval Between Onset And Death: 5 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic myocarditis — 3 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 2, 1953, to July 22, 1953, that I last saw the deceased alive on July 15, 1953, and that death occurred at 11:15 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) G. W. Levan M.D. ADDRESS Boonsboro DATE SIGNED 7/24/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF JULY-26-1953
NAME OF CEMETERY OR CREMATORY PLEASANT VIEW CEMETERY
LOCATION (City, town, or county) (State) NR. BURKETTSVILLE FRED. CO. MD.

DATE REC'D BY LOCAL REGISTRAR July 25-1953
REGISTRAR'S SIGNATURE Mrs. Katherine Degenhart
24. FUNERAL DIRECTOR WM. F. BAST AND SONS ADDRESS BOONSBORO MD.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

65

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 3
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 1112 Fairview Road

3. NAME OF DECEASED: (Type or Print) (First) Martin (Middle) J (Last) O'Conell, Jr.

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6-24-1953

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 7

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Martin J. O'Conell

14. MOTHER'S MAIDEN NAME: Virginia Amanda Costello

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Martin J. O'Conell, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intestinal Atresia, duodenum. — Interval Between Onset And Death: 6 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Prematurity — —

DUE TO

(c) ? Mongolism — —

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/25, 1953, to 7/1/53, 19 , that I last saw the deceased alive on 7/1/53, 19 , and that death occurred at 5:30 A.M., from the causes and on the date stated above.

SIGNATURE Robert A. Young (Degree or title) M.D. ADDRESS Hagerstown, Maryland DATE SIGNED 7/1/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 7-2-1953

NAME OF CEMETERY OR CREMATORY WARRENTON CEMETERY

LOCATION (City, town, or county) (State) Warrenton, Virginia

DATE REC'D BY LOCAL REGISTRAR July 1, 1953

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS C. M. Suter & Sons, Hagerstown, Maryland

20633 5402

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BUREAU V. S.

Dr. S. R. Wells 17466

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Cty. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 107 High Street

3. NAME OF DECEASED (Type or Print): (First) Roy (Middle) McClelland (Last) Roberston
4. DATE OF DEATH (Month) July (Day) 3, (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Apr. 15, 1895
9. AGE last birthday: 58 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: D. N. Henson
11. BIRTHPLACE (State or foreign country): Green Ridge, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles n. Robertson
14. MOTHER'S MAIDEN NAME: Viola H. Northcraft
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ----
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Charles V. Robertson

18. MEDICAL CERTIFICATION — Thurmont, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) .....
578x
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Tetanus avenue of entrance unknown — 7d
(c) prolapse of rectum thru anus — ?
(722.1)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. chronic alcoholism

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS Hagerstown, Md. DATE SIGNED 7.3.53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 7-6-1953
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown, Md.
DATE REC'D BY LOCAL REG. July 4 1953
REGISTRAR'S SIGNATURE Elizabeth Beaver
24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman, Hagerstown, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A 1-54

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BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rohrersville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rohrersville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Bertha (Middle) L. (Last) Rohrer
4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Aug. 28, 1875
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if [illegible] Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country) Rohrersville
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Daniel Beeler
14. MOTHER'S MAIDEN NAME: Martha Ann Rohrer
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr. Albert Rohrer--Rohrersville, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

318.3

Immediate cause (a) Acute dilatation Heart — Interval Between Onset And Death: Sudden

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Neurasthenia — 3 mos.

DUE TO

DUE TO

(c)

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 26 1953, to July 2, 1953, that I last saw the deceased alive on June 28, 1953, and that death occurred at 2 P. M. from the causes and on the date stated above.

SIGNATURE J. Herbert Wade (Degree or title) M. D. ADDRESS Brownsboro, Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 5, 1953
NAME OF CEMETERY OR CREMATORY Rohrersville
LOCATION (City, town, or county) Rohrersville, Md (State)
DATE REC'D BY LOCAL REGISTRAR July 4 1953
REGISTRAR'S SIGNATURE Mrs Catherine Dagenhart
24. FUNERAL DIRECTOR R. I. Earnshaw--Keedysville, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V

170

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

## CERTIFICATE OF DEATH

Dr B. B. Kneisley

Reg. Dist. No. ~~302~~ 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

**1. PLACE OF DEATH:**
COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: near Willsons
LENGTH OF STAY (in this place): 3 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Gateway Canvalescent Home

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown R # 4
STREET ADDRESS (If rural give location): Point Salem

**3. NAME OF DECEASED:** (Type or Print) (First) PAULINE (Middle) LORETTA (Last) ROWE

**4. DATE OF DEATH:** (Month) July (Day) 2 (Year) 1953

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Married | Jany 24 1922 | 31 yrs. | | | | |

| 10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | Own Home | Hagerstown Md. | USA |

**13. FATHER'S NAME:** John Thomas

**14. MOTHER'S MAIDEN NAME:** Nelly Miller

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|
| No | None | John D. Rowe Hagerstown Md. R #4 |

**18. MEDICAL CERTIFICATION**

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Cervix Uteri. — DUE TO — Interval Between Onset And Death: 9 months.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Carcinoma discovered 3rd month of Pregnancy Nov. 1952.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1952, to July 2, 1953, that I last saw the deceased alive on June 26, 1953, and that death occurred at 4 P.M. from the causes and on the date stated above.

SIGNATURE: B B Kneisley (Degree or title) MD — ADDRESS: 148 W. Wash St Hagerstown Md. — DATE SIGNED: 7-3-53.

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 7/5/53 | Rose Hill Cemetery | Hagerstown Md. |

DATE REC'D BY LOCAL REGISTRAR: July 4 1953 — REGISTRAR'S SIGNATURE: Joseph W. Murray Local Registrar — 24. FUNERAL DIRECTOR: Andrew K. Coffman — ADDRESS: Hagerstown Md.

RECEIVED
JUL 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

**1. PLACE OF DEATH:**
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 8 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Boonsboro
STREET ADDRESS (If rural give location) No 217 - Potomac St.

**3. NAME OF DECEASED:** (Type or Print) (First) Fannie (Middle) M. (Last) Schildknecht

**4. DATE OF DEATH:** (Month) July (Day) 4 (Year) 1953

**5. SEX:** Female
**6. COLOR OR RACE:** White
**7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify): Married
**8. DATE OF BIRTH:** May 18, 1878
**9. AGE last birthday:** 75-1-16 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

**10a. USUAL OCCUPATION** Give kind of work done during most of working life, even if retired): House Wife
**10b. KIND OF BUSINESS OR INDUSTRY:** Own Home
**11. BIRTHPLACE** (State or foreign country): Locust Grove Wash. Co. Md.
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** Lawson Stine
**14. MOTHER'S MAIDEN NAME:** Annie E. Z

**15 WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No. (If Yes, give war or dates of service)
**16. SOCIAL SECURITY No.:** None.
**17. INFORMANT & ADDRESS:** Charles L. Schildknecht No 217 Potomac St. Boonsboro Md

**18. MEDICAL CERTIFICATION**

**1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH**

332 X

Immediate cause (a) Cerebral Thrombosis
DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterial Hypertension
DUE TO
(c)

Interval Between Onset And Death: 8 Days. 3 yrs. 3 mos.

**11. OTHER SIGNIFICANT CONDITIONS** Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT SUICIDE HOMICIDE** (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 26, 1953, to July 4, 1953, that I last saw the deceased alive on July 4, 1953, and that death occurred at 9.20 P.M., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS Boonsboro Md. DATE SIGNED 7/6/53

**23. BURIAL, CREMATION, REMOVAL,** (Specify) Entombment
DATE THEREOF July 7, 1953
NAME OF CEMETERY OR CREMATORY Boonsboro Mausoleum
LOCATION (City, town, or county) (State) Boonsboro Wash. Co. Md.
DATE REC'D BY LOCAL REGISTRAR July 6, 1953
REGISTRAR'S SIGNATURE Chas H Bowers
**24. FUNERAL DIRECTOR** Wm F. Bast & Sons ADDRESS Boonsboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1[illegible]

RECEIVED
JUL 8 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 17470

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) 5 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASH. Co. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL FUNKSTOWN - HAGERSTOWN MD. R.3
STREET ADDRESS (If rural give location) RAVENWOOD - HTS.

3. NAME OF DECEASED: (Type or Print) (First) ROSCOE - (Middle) HEZEKIAH (Last) SHANK

4. DATE DEATH: (Month) JULY - (Day) 13 - (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: SEPT. 3 - 1896

9. AGE last birthday: 56 - 10 - 10 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: FINISHMAN

10b. KIND OF BUSINESS OR INDUSTRY: P. E. S. D.

11. BIRTHPLACE (State or foreign country): NEAR MIDDLETOWN FRED. CO. MD. U.S.A.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: CLITO J. SHANK

14. MOTHER'S MAIDEN NAME: SARAH CLINE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 220-26-5940

17. INFORMANT & ADDRESS: MRS. CHARLES E. HARP - HAGERSTOWN R.3.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) DUE TO: Coronary Thrombosis — Interval Between Onset And Death: 24 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO: Myocarditis arteriosclerotic — indef.
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pleurisy left parietal & visceral

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb ..., 1953, to death, 19..., that I last saw the deceased alive on 7-13, 1953, and that death occurred at 8 PM..., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert J. Tuddle MD ADDRESS Hagerstown DATE SIGNED 7-16-53

23. BURIAL, CREMATION, REMOVAL (Specify) ENTOMBMENT DATE THEREOF JULY-16-1953 NAME OF CEMETERY OR CREMATORY BOONSBORO MAUSOLEUM LOCATION (City, town, or county) (State) BOONSBORO WASH. Co. MD.

DATE REC'D BY LOCAL REGISTRAR July 16 1953 REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR ADDRESS WM. F. BAST AND SONS BOONSBORO MD.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

DR. KEAGLE

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown
LENGTH OF STAY (in this place) 4 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gate Way Nurseing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock Md.
STREET ADDRESS (If rural, give location) Hancock Md

3. NAME OF DECEASED (Type or Print) (First) Katherine (Middle) L (Last) Shives
4. DATE OF DEATH (Month) 7 (Day) 8 (Year) 53

5. SEX F.
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 9, 1876
9. AGE last birthday 77 yrs. If under 1 year Months 1 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Hancock Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James R Myers
14. MOTHER'S MAIDEN NAME Margrett A Bailer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr Thomas Shives Hancock Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| 331X | Immediate cause | (a) Cerebral Hemorrhage | 5 mo. |
| | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arterial Sclerosis | 10 yrs. |
| | | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 7, 1953, to July 8, 1953 that I last saw the deceased alive on July 8, 1953 and that death occurred at 7:20 P m., from the causes and on the date stated above.

SIGNATURE David P. Brewer (Degree or title) M.D. ADDRESS Clear Spring Md. DATE SIGNED 7/10/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7.10.53
NAME OF CEMETERY OR CREMATORY Episcopal Cemetery
LOCATION (City, town, or county) (State) Hancock Washington Md.

DATE REC'D BY LOCAL REG. 7-13-53
REGISTRAR'S SIGNATURE Leroy M. Fochler Deputy Local.
24. FUNERAL DIRECTOR Howard J Grove ADDRESS Hancock Md

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CUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

# CERTIFICATE OF DEATH

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Hagerstown #1
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Hagerstown, Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Elmer (Middle) Ellsworth (Last) Slick

4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify which) Widowed

8. DATE OF BIRTH: March 19, 1862

9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Ieitersburg, Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Slick

14. MOTHER'S MAIDEN NAME: c Elizebeth Sheets

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Charles Sprecher

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture L. femur — Interval Between Onset And Death: 3 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Cerebral hemorrhage — 2 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) July (Day) 8 (Year) 53 (Hour) 5 p.m. — INJURY OCCURED While at Work ☐ Not While At Work ☒ — HOW DID INJURY OCCUR? Fell in his house

22. I hereby certify that I attended the deceased from July 20, 1953 to July 31, 1953, that I last saw the deceased alive on July 31, 1953 and that death occurred at 11.45 A.M., from the causes and on the date stated above.

SIGNATURE Robert P. Conrad, M.D. (Degree or title) — ADDRESS Hagerstown, Md — DATE SIGNED 7-31-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Aug. 2, 1953 — NAME OF CEMETERY OR CREMATORY Beaver Creek — LOCATION (City, town, or county) (State) Beaver Creek, Md

DATE REC'D BY LOCAL REGISTRAR Aug. 1, 1953 — REGISTRAR'S SIGNATURE John W. Bast

24. FUNERAL DIRECTOR ADDRESS R. I. Earnshaw--Keedysville, Md

RECEIVED
AUG 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 4 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 333 Linganore Ave.,

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Elizabeth (Last) Smith

4. DATE OF DEATH: (Month) 7 (Day) 7 (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: March 5, 1870

9. AGE last birthday: 83 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): home duties

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert St. Clair

14. MOTHER'S MAIDEN NAME: Catherine Shank

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Arthur Smith Hagerstown, Md. R2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.0 Immediate cause (a) Cerebral hemorrhage and Arteriosclerosis - generalized — years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Senility & arteriosclerotic heart disease, gen.
DUE TO (c) and generalized Atherosclerosis.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-2 ..., 1953, to 7-7 ..., 1953, that I last saw the deceased alive on ..., 19..., and that death occurred at ..., from the causes and on the date stated above.

SIGNATURE: Louis S. Graff (Degree or title) M.D. ADDRESS: 159 (Wat) Wash ST. DATE SIGNED: 7/9/53

23. BURIAL, CREMATION, REMOVAL (Specify): burial

DATE THEREOF: 7-10-53

NAME OF CEMETERY OR CREMATORY: Brodafording Dunkard

LOCATION (City, town, or county): Broadfording (State): Md.

DATE REC'D BY LOCAL REGISTRAR: July 10, 1953

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Fred W. Kraiss ADDRESS: Hagerstown, Md.

RECEIVED
JUL 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 366

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sharpsburg
LENGTH OF STAY (in this place) 86 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sharpsburg Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sharpsburg
STREET ADDRESS (If rural give location) Sharpsburg Md. Main St.

3. NAME OF DECEASED: (Type or Print) (First) Malcolm (Middle) Victor (Last) Smith
4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Dec. 29 1867
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months 6 Days 1 IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retd Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Sharpsburg Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: David Smith
14. MOTHER'S MAIDEN NAME: Helen Piper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mr Grafton Smith Sharpsburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH*

Immediate cause (a) DUE TO Arteriolar Nephro Sclerosis — Interval Between Onset And Death 2 yrs.

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO General arteriosclerosis & senility — 5 yrs. [illegible]

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture rt. hip. 5/18/53

19a. DATE OF OPERATION: 5/23/53.
19b. MAJOR FINDINGS OF OPERATION Fracture surgical neck rt. hip.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Sharpsburg (COUNTY) Washington (STATE) Md.
TIME OF INJURY (Month) 5 (Day) 18 (Year) 1953 (Hour) 7 m.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? Fell on back yard of home

22. I hereby certify that I attended the deceased from 5/20, 1953, to July 2, 1953, that I last saw the deceased alive on 7/2, 1953, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Walter H. Shealy M.D. ADDRESS Sharpsburg Md. DATE SIGNED 7/4/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 6-1953
NAME OF CEMETERY OR CREMATORY Mt. View Cemetery
LOCATION (City, town, or county) Sharpsburg Md. (State)
DATE REC'D BY LOCAL REGISTRAR July 6, 1953
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Albert L. Leaf Williamsport ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 5 19[illegible]
BUREAU [illegible]

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

07475
Reg. Dist. No. 307

DR. WADE M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16 T

**1. PLACE OF DEATH:**
COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROHRERSVILLE
LENGTH OF STAY (in this place) 80 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MAIN ST.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROHRERSVILLE
ADDRESS (If rural give location) MAIN ST.

**3. NAME OF DECEASED:** (Type or Print) (First) SUSAN (Middle) M. (Last) SMITH

**4. DATE OF DEATH:** (Month) JULY (Day) 20 (Year) 1953

**5. SEX:** FEMALE

**6. COLOR OR RACE:** WHITE

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** WIDOWED

**8. DATE OF BIRTH:** FEB. 1 1869

**9. AGE** Last birthday: 84 yrs. 5 Months 19 Days
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION.** Give kind of work done during most of working life, even if retired: HOUSE WIFE

**10b. KIND OF BUSINESS OR INDUSTRY:** OWN HOME

**11. BIRTHPLACE** (State or foreign country): BURKETSVILLE FRED. CO. MD.

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** ROBERT McCOY

**14. MOTHER'S MAIDEN NAME:** HANNAH HIGHTMAN

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) NO. (If Yes, give war or dates of service)

**16. SOCIAL SECURITY No.:** NONE

**17. INFORMANT & ADDRESS:** MRS. PAUL M. HAYNES ROHRERSVILLE MD.

**18. MEDICAL CERTIFICATION**

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) [illegible] DUE TO — Interval Between Onset And Death: 2 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) [illegible] DUE TO — 4 mos. 23 days

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 27, 1953, to July 20, 1953, that I last saw the deceased alive on July 18, 1953., and that death occurred at 4:40 P.M., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS Boonsboro, Md. DATE SIGNED 7-22-53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF JULY-23-1953 — NAME OF CEMETERY OR CREMATORY ROHRERSVILLE CEMETERY — LOCATION (City, town, or county) (State) ROHRERSVILLE WASH. CO. MD

DATE REC'D BY LOCAL REGISTRAR July 23-1953 — REGISTRAR'S SIGNATURE Mrs Katherine Daguiard

24. FUNERAL DIRECTOR WM. F. BAST AND SONS — ADDRESS BOONSBORO, MD.

RECEIVED
JUL 24 1953
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07476

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

**1. PLACE OF DEATH:**

COUNTY WASHINGTON MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN

LENGTH OF STAY (in this place) 3 MONTHS

HOSPITAL OR INSTITUTION OR STREET ADDRESS WASH. CO. HOSPITAL

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE MARYLAND COUNTY WASHINGTON

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BENEVOLA - RURAL

STREET ADDRESS (If rural give location) BOONSBORO - MD. R.1

**3. NAME OF DECEASED:** (Type or Print) (First) (Middle) (Last) SADIE - ESTELLA - STINE

**4. DATE OF DEATH:** (Month) (Day) (Year) JULY - 15 - 1953

**5. SEX:** FEMALE

**6. COLOR OR RACE:** WHITE

**7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify): WIDOWED

**8. DATE OF BIRTH:** DEC. 13 - 1881

**9. AGE last birthday:** 71 - 7 - 2 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION.** Give kind of work done during most of working life, even if retired): HOUSE WIFE

**10b. KIND OF BUSINESS OR INDUSTRY:** OWN HOME

**11. BIRTHPLACE** (State or foreign country): NEAR MYERSVILLE FRED. CO. MD.

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** HEZEKIAH CLINE

**14. MOTHER'S MAIDEN NAME:** BARBARA MARKER

**15 WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) NO (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** NONE

**17. INFORMANT & ADDRESS:** MRS. RICHARD NEWCOMER BOONSBORO MD. R.1

**18. MEDICAL CERTIFICATION**

**1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH**

153X

Immediate cause (a) Carcinoma of Cecum

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death: 4 months

**11. OTHER SIGNIFICANT CONDITIONS** Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:** March 15 1953

**19b. MAJOR FINDINGS OF OPERATION** Carcinoma of Cecum. Washington County Hospital Hagerstown Washington Md.

**20. AUTOPSY?** Yes ☐ No ☑

**21. ACCIDENT SUICIDE HOMICIDE** (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 15, 1953, to July 15, 1953, that I last saw the deceased alive on July 15, 1953, and that death occurred at 3.05 P.M., from the causes and on the date stated above.

SIGNATURE J. Herbert Wade (Degree or title) M. D. ADDRESS Boonsboro, Md. DATE SIGNED 7-16-53

**23. BURIAL, CREMATION, REMOVAL,** (Specify) BURIAL

DATE THEREOF JULY-18-1953

NAME OF CEMETERY OR CREMATORY BOONSBORO CEMETERY

LOCATION (City, town, or county) (State) BOONSBORO WASH. CO. MD.

DATE REC'D BY LOCAL REGISTRAR July 17, 1953

REGISTRAR'S SIGNATURE Chas H. Bowers

**24. FUNERAL DIRECTOR** WM. F. BAST AND SONS ADDRESS BOONSBORO MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

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RECEIVED
JUL 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 .. 19

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 74 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hoppital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 801 Mulberry Ave.

3. NAME OF DECEASED: (Type or Print) (First) Etha (Middle) Londa (Last) Stotelmyer

4. DATE OF DEATH: (Month) July (Day) 29 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Apr. 11, 1874

9. AGE Last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Smithsburg Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Theodore A. Winters

14. MOTHER'S MAIDEN NAME: Barabara A. Little

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: --

17. INFORMANT & ADDRESS: O.Jess Stotelmyer Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4200

Immediate cause (a) Arteriosclerotic Heart Disease DUE TO — Interval Between Onset And Death: 1 wk.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 23, 1953, to July 29, 1953, that I last saw the deceased alive on July 29, 1953, and that death occurred at 2:25 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Lloyd A. Hoffman ADDRESS 1214 N. Potomac St. Hagerstown DATE SIGNED July 31, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF July 31, 1953 NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR July 30, 1953 REGISTRAR'S SIGNATURE Ethel Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

VS. A15

RECEIVED
AUG 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11478

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 641 W. Washington St.

3. NAME OF DECEASED: (Type or Print) (First) Aaron (Middle) (Last) Stumbaugh

4. DATE OF DEATH: (Month) 7 (Day) 20 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 3-17-1869

9. AGE last birthday: 84 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): retired

10b. KIND OF BUSINESS OR INDUSTRY: barber

11. BIRTHPLACE (State or foreign country): Greencastle, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Stumbaugh

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. C. S. Andrews Hagerstown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
Immediate cause (a) arterio sclerotic myocardial heart
DUE TO disease with myocardial failure grade IV — Interval Between Onset And Death: 4yrs

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO acute intra cranial hemorrhage — 57 hrs
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: No
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No
PLACE OF INJURY (Home, farm, factory, street, office bldg, etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: No
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19 49 to July 20, 19 53 that I last saw the deceased alive on 7-19, 19 53 and that death occurred at 5:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree, title): S. Robert Wells, M.D. DEPUTY MEDICAL EX WASH. CO. MD.
ADDRESS: Hagerstown, Maryland
DATE SIGNED: 7.20.53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7-22-53
NAME OF CEMETERY OR CREMATORY: Cedar Hill
LOCATION (City, town, or county) (State): Greencastle, Pa.

DATE REC'D BY LOCAL REGISTRAR: July 21. 1953
REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Fred W. Kraiss
ADDRESS: Hagerstown, Md.

RECEIVED
JUL 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

**1. PLACE OF DEATH:**

COUNTY WASHINGTON MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN

LENGTH OF STAY (in this place) 2½ hours.

HOSPITAL OR INSTITUTION OR STREET ADDRESS WASH. CO. Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE MARYLAND COUNTY WASHINGTON

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. LENA - BOONSBORO R2

STREET ADDRESS (If rural give location) MAIN ST.

**3. NAME OF DECEASED:** (Type or Print) (First) (Middle) (Last) MAMIE - FUTTERER - SUMMERS

**4. DATE OF DEATH:** (Month) (Day) (Year) JULY - 18 - 1953

**5. SEX:** FEMALE

**6. COLOR OR RACE:** WHITE

**7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify): WIDOWED

**8. DATE OF BIRTH:** AUGUST - 4 - 1882

**9. AGE last birthday:** 70 - 11 - 14 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** Give kind of work done during most of working life, even if retired): HOUSE WIFE

**10b. KIND OF BUSINESS OR INDUSTRY:** OWN HOME

**11. BIRTHPLACE** (State or foreign country): MARYLAND

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** NO RECORD

**14. MOTHER'S MAIDEN NAME:** NO RECORD

**15 WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) NO (If Yes, give war or dates of service)

**16. SOCIAL SECURITY No.:** NONE

**17. INFORMANT & ADDRESS:** MRS JAMES REESE BOONSBORO MD. R2

**18. MEDICAL CERTIFICATION**

**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH**

443X

Immediate cause (a) Cerebral Haemorrhage — Interval Between Onset And Death: 3 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Cardiovascular disease — 7 years certain

DUE TO

(c)

**11. OTHER SIGNIFICANT CONDITIONS** Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis — 7 years

**19a. DATE OF OPERATION:** 0

**19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** Yes ☐ No ☒

**21. ACCIDENT SUICIDE HOMICIDE** (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from C.T. 1946, to July 18, 1953, that I last saw the deceased alive on July 18 1953, and that death occurred at 3:08 pm, from the causes and on the date stated above.

SIGNATURE R. D. Layman M.D. (Degree or title) D.S.T. ADDRESS 5 Public Square Hagerstown Md DATE SIGNED July 20, 1953

**23. BURIAL, CREMATION, REMOVAL,** (Specify) BURIAL

DATE THEREOF JULY-21-1953

NAME OF CEMETERY OR CREMATORY MT. LENA CEMETERY

LOCATION (City, town, or county) (State) MT. LENA WASH. CO. MD.

DATE REC'D BY LOCAL REGISTRAR July 20, 1953

REGISTRAR'S SIGNATURE Chas H. Bowers

**24. FUNERAL DIRECTOR** WM. F. BAST AND SONS ADDRESS BOONSBORO MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DR. WM LAYMAN

VS. A15

RECEIVED
JUL 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ... 1511

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information requested. The correct name is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH:**

COUNTY Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 7 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 404 W. Washington St

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE Maryland — COUNTY Wash.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown

STREET ADDRESS (If rural give location) 404 W. Washington St.

**3. NAME OF DECEASED:** (Type or Print) (First) Clara (Middle) - (Last) Washburn

**4. DATE OF DEATH:** (Month) July (Day) 10 (Year) 19 53

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE Last birthday | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Married | Dec. 25, 1872 | 80 yrs. | | | | |

| 10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| House wife | Own Home | Iowa | |

**13. FATHER'S NAME:** Unknown

**14. MOTHER'S MAIDEN NAME:** Unknown

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|
| No | ------ | Judson S. Washburn Hag. Md. |

**18. MEDICAL CERTIFICATION**

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-Vascular Renal Disease — Interval Between Onset And Death: 10 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

22. I hereby certify that I attended the deceased from July 9, 1953, to July 10, 1953, that I last saw the deceased alive on July 9, 1953, and that death occurred at 5:10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert P. Conrad, M.D. — ADDRESS Hagerstown, Md — DATE SIGNED 7-11-53

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | July 15 1953 | St. Pauls | Near Clearspring Md. |

DATE REC'D BY LOCAL REGISTRAR July 14 1953 — REGISTRAR'S SIGNATURE Grace L. Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son — ADDRESS Hag. Md.

RECEIVED
JUL 16 1
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Boonsboro
LENGTH OF STAY (in this place) 3 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guelford Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Woodsboro
STREET ADDRESS (If rural give location) Woodsboro Fred. Co. Md

3. NAME OF DECEASED: (Type or Print) (First) Jacob (Middle) Henry (Last) Wetzel

4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Oct. 28 - 1867
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Merchant.
10b. KIND OF BUSINESS OR INDUSTRY: Own Store
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Eli Wetzel
14. MOTHER'S MAIDEN NAME: Mrs. Eli Wetzel

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none.
17. INFORMANT & ADDRESS: Wm. Wetzel White Plains N.Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause (a) Generalized cardio-renal

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arteriosclerosis

DUE TO

(c)

Interval Between Onset And Death: 5 yrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5, 1953, to July 10, 1953, that I last saw the deceased alive on July 10, 1953, and that death occurred at 6:30 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) G. W. LeVan M.D. ADDRESS Boonsboro DATE SIGNED 7/11/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 13 1953
NAME OF CEMETERY OR CREMATORY Rocky Hill Cemetery
LOCATION (City, town, or county) Woodsboro R.D.O. (State) Md.

DATE REC'D BY LOCAL REGISTRAR July 13, 1953
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR Fowell & Hartzler ADDRESS Woodsboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

# CERTIFICATE OF DEATH

Reg. Dist. No. 306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH:**

COUNTY: Washington MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Highfield

LENGTH OF STAY (in this place): 55yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE: Md COUNTY: Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Highfield

STREET ADDRESS (If rural give location):

**3. NAME OF DECEASED:** (Type or Print) (First) Emma (Middle) Rebecca (Last) Winebrenner

**4. DATE OF DEATH:** (Month) July (Day) 3 (Year) 1953

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH | 9. AGE last birthday: yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| F. | W | M | June 25 1865 | 88 | | | | |

| 10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| House Duties | | Graceham Md. | U.S.A. |

**13. FATHER'S NAME:** Michael Cauliflower

**14. MOTHER'S MAIDEN NAME:** Harriet Shuff

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: |
|---|---|---|
| | | Mr. Wm. Winebrenner, Highfield Md |

**18. MEDICAL CERTIFICATION**

| 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | Interval Between Onset And Death |
|---|---|---|
| Immediate cause | (a) CHRONIC MYOCARDITIS GR IV | 1 YR. |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | DUE TO (b) GENERALIZED ARTERIOSCLEROSIS | 5-10 YRS. |
| | DUE TO (c) GOITRE | 10-20 YRS. |

**11. OTHER SIGNIFICANT CONDITIONS** Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑ |
|---|---|---|
| | | |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME (Month) (Day) (Year) (Hour) OF INJURY m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

22. I hereby certify that I attended the deceased from 28 June, 1953, to 3 July, 1953, that I last saw the deceased alive on 2 July, 1953, and that death occurred at 8 30 AM EST from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| Harry A Jennings Jr. MD. | Blue Ridge Summit Pa | 3 July 1953 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | 7/6/53 | Bethel | Kantz | Md. |

| DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| July 6-53 | Geo W Ferguson Jr. | Walter Y. Grove, Waynesboro Pa. | |

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JUL 8 1973
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr Ditto

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 3 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 232 Bryan Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 232 Bryan Place

3. NAME OF DECEASED: (Type or Print) (First) VIRGIL (Middle) BISER (Last) YOUNG
4. DATE OF DEATH: (Month) (Day) (Year) July 15 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: Jany 9 1888
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Dispatcher
10b. KIND OF BUSINESS OR INDUSTRY: W?M?R.R.
11. BIRTHPLACE (State or foreign country): Boonsboro Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Manasses Young
14. MOTHER'S MAIDEN NAME: Ruth Ann Biser
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ----------
16. SOCIAL SECURITY No.: 705-10-6875
17. INFORMANT & ADDRESS: John I, Young 232 Bryan Place Hagerstown Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443x

Immediate cause (a) Cardio Vascular Disease — Interval Between Onset And Death 3 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1, 1953, to 7-15, 1953, that I last saw the deceased alive on 7-14, 1953, and that death occurred at 12:15 pm, from the causes and on the date stated above.

SIGNATURE S. Ew Ditto (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 7/15/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/17/53
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.
DATE REC'D BY LOCAL REGISTRAR July 17, 1953
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUL 20 1953
BUREAU V.

07484

# MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH — COUNTY: Washington; STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
   LENGTH OF STAY (In this place): Life
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland; COUNTY: Washington
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
   STREET ADDRESS (If rural, give location): 326 East Wilson Blvd.

3. NAME OF DECEASED (Type or Print): Gary (First) Lee (Middle) Zombro (Last)

4. DATE OF DEATH: July (Month) 28 (Day) 1953 (Year)

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10-26-1946

9. AGE last birthday: 6 yrs. If under 1 year: Months 9, Days 2, Hours, Min. If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Merle W. Zombro

14. MOTHER'S MAIDEN NAME: Marceline Haines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: Merle W. Zombro, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

9146

Immediate cause (a) (high tension electric burns)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Third & fourth degree burns to body & extremities --- shock — Interval Between Onset and Death: 2¼ hrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Hagerstown, Wash. Md. E. Wilson Blvd.

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 7-28-53 10:52 A m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Touched circuit breaker at substatio

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: S. Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS: 115 North Potomac St. Hagerstown, Md. DATE SIGNED: 7/29/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 7-30-1953

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: July 30 1953

REGISTRAR'S SIGNATURE: Ethel H. Bowers

24. FUNERAL DIRECTOR ADDRESS: C. M. Suter & Sons, Hagerstown, Maryland

RECEIVED
AUG 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

07485

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 326 East Wilson Blvd.

3. NAME OF DECEASED (Type or Print): (First) Ronald (Middle) Merle (Last) Zombro

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12-22-1947

9. AGE Last birthday: 5 yrs. If under 1 year: Months 7, Days 6, Hours, Min. If under 24 hrs

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Merlw W. Zombro

14. MOTHER'S MAIDEN NAME: Marceline Haines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: Mrele W. Zombro, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

| 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|
| Immediate cause (a) (high tension electric burns) | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (b) Third & fourth degree burns to body | |
| (c) and extremities and shock | 8hrs |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |

914.6

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: E Wilson Blvd. (CITY OR TOWN) Hagerstown (COUNTY) Wash. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 7-28-53 10:[illegible]

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? touched circuit breaker at substati

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: S. Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS 115 North Potomac St. Hagerstown, Md. DATE SIGNED 7/29/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7-30-1953

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG. July 30. 1953

REGISTRAR'S SIGNATURE: Ernest Bowers

24. FUNERAL DIRECTOR ADDRESS: C. M. Suter & Sons, Hagerstown, Maryland

MARGIN RESERVED FOR BINDING

Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15A

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AUG 4 1953
BUREAU V. S